THS 59339 EFT mQ ①

MILEAGE TRAVELLED RELATING TO THE OFFICE OF THE MINISTER FOR EDUCATION AND SKILLS

1. I certify that the mileage travelled in the period

From 3/5/11 to 31/5/11

which related to my Office as Minister at the Department of Education and Skills was 4650 kilometres

Signed: Naoise Grady
Driver

Date: 31/5/11

DEPARTMENT OF EDUCATION & SKILLS RECEIVED 16 JUN 2011 FINANCE UNIT, TULLAMORE

Signed: [signature]
Minister

Date: 3/6/2011

DATE OF ISSUE 30 JUN 2011 FINANCE UNIT TULLAMORE

2. Accountant

Please arrange for payment on the basis of the mileage certified above.

Signed: [signature]
Accounting Officer

Date: 14.6.2011

4650 @ 5907 €2746.76

ec 16000.

TFQ 60074. MQ

EFT.

②

MILEAGE TRAVELLED RELATING TO THE OFFICE OF THE MINISTER FOR EDUCATION AND SKILLS

1. I certify that the mileage travelled in the period

From 1st June to 30th June

which related to my Office as Minister at the Department of Education and Skills was 4250 kilometres

Signed: Nashie Grady.
Driver

Date: 8/7/11

DEPARTMENT OF EDUCATION & SKILLS RECEIVED 8 ... 2011 ... MORE

Signed: [signature]
Minister

Date: 8/7/11

DEPARTMENT OF EDUCATION & SKILLS RECEIVED 28 JUL 2011 FINANCE UNIT, TULLAMORE

2. Accountant

Please arrange for payment on the basis of the mileage certified above.

DATE OF ISSUE -9 AUG 2011 FINANCE UNIT, TULLAMORE

3/8/11.

Signed: Michael Keogh
Accounting Officer

Date: 26-7-2011

4250 1787 @ .5907 = 1055.58
2463 @ .2846 = 700.97
€ 1756.55

€ 1756-55

M.D. T+S 60505 (3)

COST CENTRE 16800 E.F.T.

MILEAGE TRAVELLED RELATING TO THE OFFICE OF THE MINISTER FOR EDUCATION AND SKILLS

1. I certify that the mileage travelled in the period

From 1/7/11 to 31/7/11

which related to my Office as Minister at the Department of Education and Skills was 5100 kilometres

Signed: Nodie Grady
Driver

Date: 1/8/11

5100 x .2846 = 1,451.46

Signed: [illegible]
Minister

DATE OF ISSUE
- 9 SEP 2011
FINANCE UNIT, TULLAMORE

Date:

01/09/2011

2. Accountant

Please arrange for payment on the basis of the mileage certified above.

Signed: Michael Keogh
Accounting Officer

Date: 29-8-2011

DEPARTMENT OF EDUCATION & SKILLS
RECEIVED
31 AUG 2011
FINANCE UNIT, TULLAMORE

5/9/11

TOTAL: €1,451.46

M.D. TS 60814 E.F.T. (4)

MILEAGE TRAVELLED RELATING TO

THE OFFICE OF THE MINISTER

FOR EDUCATION AND SKILLS

RUAIRI QUINN C.C. 16000

1. I certify that the mileage travelled in the period

From 1st August to 31st August

which related to my Office as Minister at the Department of Education and Skills was 2800 kilometres

Signed: Noelie Grady €796.88

Driver

2800 X [redacted] = [redacted]

Date: 19/9/11 2846

DEPARTMENT OF EDUCATION & SKILLS RECEIVED 26 SEP 2011 FINANCE UNIT, TULLAMORE

26/09/2011

Signed: Ruairi Quinn

Minister

Date: 20.9.2011

DATE OF ISSUE 30 SEP 2011 FINANCE UNIT, TULLAMORE

2. Accountant

Please arrange for payment on the basis of the mileage certified above.

Signed: Michael Neagh

Accounting Officer

€796.88

Date: 22.9.2011

[redacted]

26/9.

Must be attached to all Payment Authorisation Forms when processing. (5)

For use by Corporate Services: COPY

Supplier Number on FMS: 70942.

Subhead Code: 16000.

Nominal Code: 62011035.

Folder Number: 2.

Expiry date of TCC NONE.

Entered on FMS by: KMCQ

Date entered: 22-9-11.

Checked by: [signature]

Approved by (HEO): [signature]

Date approved: 23/9/2011

Note - check payment for:
ICAT
Withholding Tax
4th Schedule
Pay Alone flag – ticked/un-ticked? (credit notes, eircom, Xerox etc).

novel number.
EPT

September, 2011

Roseann Gilligan
Minister's Office

[illegible] 2353
– 22/9 – discussed with
D. Gordon. Drivers are
employed by Dept. We are
liable for bus. element of
car insurance policy Y.G.

Yvonne Graham, HEO, Accommodation and Services
Ronnie Ryan, Private Secretary, Minister's Office R Ryan 16/9/11

Re: Recoupment of cost for business use element of insurance policy on Minister's car

I wish to seek reimbursement direct to Minister Ruairi Quinn of €187.50 in respect of the above.

The relevant invoice is enclosed for reference.

Kind regards,

Roseann Gilligan
Roseann Gilligan
Minister's Office

[illegible] 2353

– 22/9 – discussed with D. Gordon. Drivers are employed by Dept. We are liable for bus. element of car insurance policy Y.G.

ZURICH

Mr. Ruairi Quinn,
23 Strand Road,
Dublin 4

This matter is being dealt with by: Joe Lawler

Your ref: [redacted]

Date: 03/08/2011

Hi Ruairi,

The business use element of this policy amounts to a monetary sum of €187.50

Kind Regards,

Joe Lawler
Broker Department

Private Secretary
Please arrange a refund of €187.50
for the minister.
Regards
05/09/11

ZURICH INSURANCE PLC
ZURICH HOUSE BALLSBRIDGE PARK DUBLIN 4 TELEPHONE 01 667 0666 FAX 01 667 0644 WEB WWW.ZURICH.IE
DIRECTORS D WEIMER (CHAIRMAN (GERMANY) J DISS (SWITZERLAND) T DE SWAAN (NETHERLANDS) P LIANLEY (IRELAND) E VIAID (IRELAND)
REGISTERED IN IRELAND UNDER NO. 13460. REGISTERED OFFICE ZURICH HOUSE BALLSBRIDGE PARK DUBLIN 4
ZURICH INSURANCE PLC IS REGULATED BY THE CENTRAL BANK OF IRELAND

JLT Ireland
Warrington House
Mount Street Crescent
Dublin 2

Tel +353 1 2026000
Fax +353 1 2376200
Email jlt@jlt.ie

www.jlt.ie

Ruairi Quinn TD
23 Strand Road
Sandymount
Dublin 4

Invoice No. : 171252
Client Number : [redacted]

3rd August, 2011.

INVOICE

Thank you for your recent instruction and we advise that we have arranged the following insurance policy as detailed hereunder.

Policy Number:	[redacted]
Product producer:	**Zurich Insurance plc**
Cover Period:	**28 JUL 11 to 27 JUL 12**
Policy Type:	**(A)Private Motor**

Cover Details:

Private Motor Insurance Policy

Refer to policy for full cover details

The amount due includes the following:

- Premium: €750.00
- Government Levy included at prevailing rate

TOTAL AMOUNT DUE: €750.00

EFFECTIVE DATE: 28th July, 2011.

E. & O.E.

Irish Brokers Association

JLT Insurance Brokers Ireland Limited trading as JLT Ireland is regulated by the Central Bank of Ireland
Directors: E. Howell, C. Forbes, P. Doherty, D. McCarthy, P. O'Higgins, A. Gately (U.K.)
Registered Office: Warrington House, Mount Street Crescent, Dublin 2
[illegible] Registered in Ireland No. 21622. VAT No. [illegible]

2

(6)

11428 - 6437 @ 5907 = 3802.34

4991 @ .2810 1420.44

5222.78

DEPARTMENT OF EDUCATION & SKILLS
RECEIVED
19 MAY 2011
FINANCE UNIT, TULLAMORE

MILEAGE TRAVELLED RELATING TO

THE OFFICE OF THE MINISTER OF STATE

TFS 586446

1. **I certify that the mileage travelled in the period**

From 11/3/2011 **to** 12/5/2011

which related to my Office as Minister of State at the Department of Education and Science was 11,428 **kilometres**

Signed: _____
Minister of State CIARAN CANNON.

DATE OF ISSUE
25 MAY 2011
FINANCE UNIT, TULLAMORE

Date: 13/5/2011

~~11428 @ 5907 =~~

C.C.

2. **Accountant** ~~€ 6750.52~~

16/00

Please arrange for payment on the basis of the mileage certified above.

Signed: Michael Keogh
Accounting Officer

Date: 17.5.2011 23/5/11

€ 5222.77

mc 19/5/11

(7)

T+S EFT.
59442 CC

MILEAGE TRAVELLED RELATING TO

THE OFFICE OF THE MINISTER OF STATE

1. I certify that the mileage travelled in the period

From 13/5/2011 to 21/6/2011

which related to my Office as Minister of State at the Department of Education and Skills was 9,090 kilometres

Signed: _____
Minister of State

Date: 21/6/2011

DEPARTMENT OF EDUCATION & SKILLS
RECEIVED
24 JUN 2011
FINANCE UNIT, TULLAMORE

DATE OF ISSUE
12 JUL 2011
FINANCE UNIT TULLAMORE

2. Accountant

Please arrange for payment on the basis of the mileage certified above.

Signed: _____
Accounting Officer

Date: 22-6-2011

CC
16100

1090 @ 2846 = €2,587.01
we 4/7/11

(8)

TS 60058 EFT 66

MILEAGE TRAVELLED RELATING TO

THE OFFICE OF THE MINISTER OF STATE

1. I certify that the mileage travelled in the period

From 22/6/11 to 21/7/11

which related to my Office as Minister of State at the Department of Education and Skills was 5609 kilometres

Signed: _____
Minister of State

Date: 21/7/11

DATE OF ISSUE
- 9 AUG 2011
FINANCE UNIT, TULLAMORE

2. Accountant

Please arrange for payment on the basis of the mileage claimed above.

Signed: _____
Accounting Officer

Date: 22.7.2011

5609 @ 28.46 =
€ 1596.32

DEPARTMENT OF EDUCATION & SKILLS
RECEIVED
26 JUL 2011
FINANCE UNIT, TULLAMORE

2/8

(9)

T+S
61164 EFT.
GB

MILEAGE TRAVELLED RELATING TO

THE OFFICE OF THE MINISTER OF STATE

1. I certify that the mileage travelled in the period

From ~~6~~ 22/7/2011 to 26/9/2011

which related to my Office as Minister of State at the Department of Education and Skills was 9,588 kilometres

Signed: _____
Minister of State

Date: 27/9/2011

DEPARTMENT OF EDUCATION & SKILLS
RECEIVED
10 OCT 2011
FINANCE UNIT, TULLAMORE

DATE OF ISSUE
21 OCT 2011
FINANCE UNIT, TULLAMORE

2. Accountant

Please arrange for payment on the basis of the mileage certified above.

Signed: _____
Accounting Officer

9 588 @ 2 846 = €2728.74

P14/12/11

3

TRAVEL & SUBSISTENCE - FOREIGN

Date	Supplier Name	Description	Payment Method	Amount
15.03.2011	Dublin to Milan & Rome (return)	Official Business Milan & Rome	N/A	315.12
19.05.2011	Dublin to Brussels (return)	Education Council Meeting	N/A	217
15.06.2011	Dublin to Brussels (return)	Meeting with EU Commissioner	N/A	180.83
12.07.2011	Dublin to Chicago (return)	Education Conference	N/A	424.25
Total				**1137.2**

DEPARTMENT OF EDUCATION AND SCIENCE

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

Department Of Education & Skills
RECEIVED
8 APR 2011
International Section

(1) NAME (BLOCK CAPITALS) MINISTER RUAIRI QUINN

HOME ADDRESS: STRAND ROAD SANDYMOUNT.

OFFICE ADDRESS DEPT OF EDUCATION & SKILLS, TYRONE HOUSE, DUBLIN 2

(2) DETAILS OF CAR (if used) ENGINE C.C. / INSURANCE CO. /

(3) DETAILS OF CLAIM
PURPOSE OF JOURNEY: Official Business
(purpose of each journey should be shown)

DATE	TIME OF DEP.	TIME OF RET.	JOURNEY FROM	JOURNEY TO	MODE (car or public transport)	KM	RATE PER KM	COST (public transport)	SUBSISTENCE EXPENSES (RATE)
15/3/11	06.00		HOME	DUBLIN AIRPORT					
			ST PATRICK'S VISIT ABROAD						
16/3/11	08.30		MILAN	TO ROME					
17/3/11	20.30		DEPART ROME	TO DUBLIN					
		23.30	ARRIVE	TO HOME ADDRESS					
						SUB. TOTALS		0	0

Department of Education & Skills
International Section
13 APR 2011
Calculations Checked & Verified.
Signed:
(Grade) HEO

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN 2X OVERNIGHT, 1X 10 HR

GRAND TOTAL 0

LESS IMPREST (IF ANY)

TOTAL PAYMENT 0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS:
* 2 lunches.

(4) DECLARATION BY CLAIMAINT:

I declare that:

(a) The subsistence and other allowances that I claim are correct according to the relevant regulations.

(b) The expenses were necessarily incurred in public services only.

(c) The vouchers attached are correct

(d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period

(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

* SIGNATURE (of Claimant) Ruairi Quinn GRADE Minister DATE 24/3/11 EXTN.:

SECTION AND LOCATION: Minister's Office

(5) APPROVAL OF CLAIM

I certify that:

(a) The particulars furnished are correct and in accordance with relevant regulations.

(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.

(c) This claim is to be charged to COST CENTRE

SIGNATURE (of certifying officer) Michael Moore GRADE 29/3/2011 DATE Asst Sec EXTN.: 2411

For use in Home Travel: Examined _____ Cld. For payment _____ AMOUNT € _____

SUBHEAD CODE _____

Date _____ Date _____ COST CENTRE _____

DEPARTMENT OF EDUCATION AND SCIENCE

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) Ruairi Quinn (Minister)

HOME ADDRESS: 23 Strand Road Sandymount Dublin

OFFICE ADDRESS

(2) DETAILS OF CAR (if used) ENGINE C.C. ______ INSURANCE CO. ______

(3) DETAILS OF CLAIM
PURPOSE OF JOURNEY: EU Council Meeting
(purpose of each journey should be shown)

DATE	TIME OF DEP.	TIME OF RET.	JOURNEY FROM / TO	MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE EXPENSES (RATE)
19/5	10.30AM		Dublin to Brussels					
20/5		23.00	Brussels to Dublin					
			(Conf. Rate + 1/3)					
						SUB. TOTALS	0	0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL 0

LESS IMPREST (IF ANY)

TOTAL PAYMENT 0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS: —

(4) DECLARATION BY CLAIMAINT:

I declare that:

(a) The subsistence and other allowances that I claim are correct according to the relevant regulations.

(b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct

(d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period

(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

X SIGNATURE (of Claimant) [signature] GRADE ______ DATE 21/9 EXTN.: 2221.

SECTION AND LOCATION: Minister Office

(5) APPROVAL OF CLAIM

I certify that:

(a) The particulars furnished are correct and in accordance with relevant regulations.

(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.

(c) This claim is to be charged to COST CENTRE —

SIGNATURE (of certifying officer) Ronne Ryan / Michael Keogh GRADE HEO / A/SEC DATE 21/9 / 22/9 EXTN.: 2221. / 2411

For use in Home Travel: Examined ______ Cld. For payment ______ AMOUNT € ______

SUBHEAD CODE ______

Date ______ Date ______ COST CENTRE ______

3

DEPARTMENT OF EDUCATION AND SCIENCE

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) Roairi Quinn. (Minister)

HOME ADDRESS: 23 Strand Rd Sandymount Dublin

OFFICE ADDRESS

(2) DETAILS OF CAR (if used) ENGINE C.C. _____ INSURANCE CO. _____

(3) DETAILS OF CLAIM
PURPOSE OF JOURNEY: ✓ Meeting with EU Commissioner in advance of Tent Proceedings
(purpose of each journey should be shown)

DATE	TIME OF DEP.	TIME OF RET.	JOURNEY FROM	JOURNEY TO	MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE EXPENSES (RATE)
15/6	05:30AM		Dublin	Brussels					
16/6		12 noon	Brussels	Dublin					
					SUB. TOTALS			0	0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

Department of Education & Skills
International Section
30 SEP 2011
Calculations Checked & Verified:
Signed: _____ (Grade) _____

GRAND TOTAL 0

LESS IMPREST (IF ANY) _____

TOTAL PAYMENT 0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS: —

(4) DECLARATION BY CLAIMAINT:

I declare that:

(a) The subsistence and other allowances that I claim are correct according to the relevant regulations.

(b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct

(d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period

(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

X SIGNATURE (of Claimant) [signature] GRADE _____ DATE 21/9 EXTN.: 2221.

SECTION AND LOCATION: Minister Office

(5) APPROVAL OF CLAIM

I certify that:

(a) The particulars furnished are correct and in accordance with relevant regulations.

(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.

(c) This claim is to be charged to — COST CENTRE HEO 21/9 2221.

Ranne Ryan

SIGNATURE (of certifying officer) [signature] GRADE A/SEC DATE 21/9 EXTN.: 2411

For use in Home Travel: Examined _____ Cld. For payment _____ AMOUNT € _____

SUBHEAD CODE _____

Date _____ Date _____ COST CENTRE _____

4

DEPARTMENT OF EDUCATION AND SKILLS

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) Minister Ruairí Quinn. PPSN:

HOME ADDRESS: 23 Strand Road Sandymount Dublin

(2) DETAILS OF CAR (if used) ENGINE C.C. INSURANCE CO.

(3) DETAILS OF CLAIM

PURPOSE OF JOURNEY: Education conference Chicago USA
(purpose of each journey should be shown)

DATE	TIME OF DEP.	TIME OF RET.	JOURNEY FROM / TO	MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE EXPENSES (RATE)
12/7	5.30AM		Dublin to Chicago	Plane				
17/7		8AM	Chicago to Dublin					
					SUB. TOTALS		0	0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL 0

LESS IMPREST (IF ANY)

TOTAL PAYMENT 0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS:

(4) DECLARATION BY CLAIMANT:

I declare that:

(a) The subsistence and other allowances that I claim are correct according to the relevant regulations.

(b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct

(d) I have not claimed, nor will claim from any Government Department, nor from any other source, the expenses incurred above during this period

(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Act and I will advise the Department of any change to the insurance cover.

SIGNATURE (of Claimant) [signature] GRADE Minister DATE 28/9. EXTN.: 2221

SECTION AND LOCATION: Ministers Office

(5) APPROVAL OF CLAIM

I certify that:

(a) The particulars furnished are correct and in accordance with relevant regulations.

(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.

(c) This claim is to be charged to COST CENTRE

x Ronnie Ryan HEO 28/9 2221.

SIGNATURE (of certifying officer) x Michael Kelly GRADE A/Sec DATE 29/9 EXTN.: 2411

For use in Home Travel: Examined Fiona Cunningham S.O. Cld. For payment AMOUNT €

SUBHEAD CODE

Date Date COST CENTRE

4

FOI 2011/957 Ken Foxe

Foreign T&S Claims for Minister of State Ciaran Cannon from date of appointment

Document No	No of pages	Date of Claim	Description	Amount Paid
1	1	09/09/2011	T&S Claim for attending Informal meeting of EU Education Ministers in Budapest 28-29th Sept 2011	€79.31
2	1	09/09/2011	T&S Claim for ASEM Meeting in Copenhagen 8 - 11th May 2011	€78.59
3	1	06/10/2011	T&S for meetings with Malaysian & Singapore Govts 10 - 17th sept 2011	€566.99

267 · 45 ??? TUF

(1)

DEPARTMENT OF EDUCATION AND SKILLS

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) CIARAN CANNON, TD PPSN: ______

HOME ADDRESS: Minister of State, Department of Education and Skills.

(2) DETAILS OF CAR (if used) ENGINE C.C. ______ INSURANCE CO. ______

(3) DETAILS OF CLAIM

PURPOSE OF JOURNEY: Attendance at informal meeting of EU Education Ministers in Budapest
(purpose of each journey should be shown)

DATE	TIME OF DEP.	TIME OF RET.	JOURNEY FROM / TO	MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE EXPENSES (RATE)
28/03/2011	11.30		Galway to Dublin					
	15.30		Dublin Airport to Budapest					
29/03/2011		23.00	Budapest to Dublin					
				SUBSISTENCE AS APPROPRIATE			0	0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL 0

LESS IMPREST (IF ANY) ______

TOTAL PAYMENT 0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS:

Dinner on 28/3/11 and breakfast and lunch on 29/3/11

(4) DECLARATION BY CLAIMAINT:

I declare that:

(a) The subsistence and other allowances that I claim are correct according to the relevant regulations. (c) The vouchers attached are correct

(b) The expenses were necessarily incurred in public services only.

(d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period

(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

SIGNATURE (of Claimant) [signature] GRADE ______ DATE ______ EXTN.: ______

SECTION AND LOCATION: ______

(5) APPROVAL OF CLAIM

I certify that:

(a) The particulars furnished are correct and in accordance with relevant regulations.

(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.

(c) This claim is to be charged to COST CENTRE [ ]

SIGNATURE (of certifying officer) [signature] GRADE Sec Gen DATE ______ EXTN.: ______

For use in Home Travel: Examined Patricia Cunningham S.O. Cd. For payment ______ AMOUNT € 79.31

SUBHEAD CODE ______

Date 9. 9. 11 Date ______ COST CENTRE ______

DEPARTMENT OF EDUCATION AND SKILLS

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

2

(1) NAME (BLOCK CAPITALS) CIARAN CANNON TD PPSN:

HOME ADDRESS: Minister of State, Department of Education and Skills.

(2) DETAILS OF CAR (if used) ENGINE C.C. INSURANCE CO.

(3) DETAILS OF CLAIM
PURPOSE OF JOURNEY: ASEM Ministerial Meeting, Copenhagen
(purpose of each journey should be shown)

DATE	TIME OF DEP.	TIME OF RET.	JOURNEY FROM	JOURNEY TO	MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE EXPENSES (RATE)
08/05/2011	14.30		Galway to Dublin						
	18.40		Dublin Airport to Copenhagen						
09/05/2011			Copenhagen						
10/05/2011			Copenhagen						
11/05/2011		11.30	Copenhagen to Dublin						
							SUBSISTENCE AS APPROPRIATE	0	0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL 0

LESS IMPREST (IF ANY)

TOTAL PAYMENT 0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS:

See attached

(4) DECLARATION BY CLAIMAINT:

I declare that:

(a) The subsistence and other allowances that I claim are correct according to the relevant regulations.

(b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct

(d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period

(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

SIGNATURE (of Claimant) GRADE DATE EXTN.:

SECTION AND LOCATION:

(5) APPROVAL OF CLAIM

I certify that:

(a) The particulars furnished are correct and in accordance with relevant regulations.

(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.

(c) This claim is to be charged to COST CENTRE

SIGNATURE (of certifying officer) GRADE Sec Gr DATE EXTN.:

For use in Home Travel: Examined Patricia Cunningham Cld. For payment AMOUNT € 78.59

SUBHEAD CODE

Date 9.9.11 Date COST CENTRE

3

DEPARTMENT OF EDUCATION AND SKILLS

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) CIARÁN CANNON, TD PPSN: ____________

HOME ADDRESS: * Minister of State, Department of Education and Skills

(2) DETAILS OF CAR (if used) ENGINE C.C. ____________ INSURANCE CO. ____________

(3) DETAILS OF CLAIM * The Minister travelled from Galway + to Galway where he lives [illegible] in place

PURPOSE OF JOURNEY: Meetings with Malaysian and Singapore Government

(purpose of each journey should be shown)

7/10/11

DATE	TIME OF DEP.	TIME OF RET.	JOURNEY FROM — TO	MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE EXPENSES (RATE)
10-17 Sep	05:00	13:00	Dublin-Kuala Lumpur-Singapore-					
			Dublin: T&S as appropriate					
					SUB. TOTALS		0	0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

Department of Education & Skills
International Section
6 OCT 2011

GRAND TOTAL 0

LESS IMPREST (IF ANY) ____________

TOTAL PAYMENT 0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS:

(4) DECLARATION BY CLAIMAINT:

I declare that:

(a) The subsistence and other allowances that I claim are correct according to the relevant regulations.

(b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct

(d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period

(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

SIGNATURE (of Claimant) [signature] GRADE ________ DATE ________ EXTN.: ________

SECTION AND LOCATION: ____________

(5) APPROVAL OF CLAIM

I certify that:

(a) The particulars furnished are correct and in accordance with relevant regulations.

(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.

(c) This claim is to be charged to COST CENTRE [ ]

SIGNATURE (of certifying officer) [signature] GRADE ________ DATE ________ EXTN.: ________

For use in Home Travel: Examined ________ Cld. For payment ________ AMOUNT € ________

SUBHEAD CODE ________

Date ________ Date ________ COST CENTRE ________

5

TRAVEL & SUBSISTENCE - HOME

Date	Supplier Name	Description	Payment Method	Amount
15.09.2011	Dublin to Cork (return)	IVEA Congress	N/A	33.61
Total				**33.61**

DEPARTMENT OF EDUCATION AND SCIENCE

(TRAVEL & SUBSISTENCE EXPENSES CLAIM FORM)

(1) NAME (BLOCK CAPITALS) RUAIRI QUINN

HOME ADDRESS: 23 STRAND RD., SANDYMOUNT, DUBLIN
OFFICE ADDRESS

(2) DETAILS OF CAR (if used) ENGINE C.C. _____ INSURANCE CO. _____

(3) DETAILS OF CLAIM
PURPOSE OF JOURNEY: IVEA CONGRESS, CORK
(purpose of each journey should be shown)

DATE	TIME OF DEP.	TIME OF RET.	JOURNEY FROM	JOURNEY TO	MODE (car or public transport)	KM	RATE PER KM	COST (incl. public transport cost)	SUBSISTENCE EXPENSES (RATE)
15/9	9:00	24:00	DUBLIN	CORK	—	—	—		33.61
			CORK	DUBLIN					
							SUB. TOTALS	(	0

* WHERE SUBSISTENCE IS CLAIMED EXACT TIME OF DEPARTURE & RETURN MUST BE SHOWN

GRAND TOTAL 0

LESS IMPREST (IF ANY)

TOTAL PAYMENT 33.61 0

IF MEALS OR ACCOMMODATION WERE PROVIDED FREE OF CHARGE PLEASE GIVE DETAILS: —

(4) DECLARATION BY CLAIMAINT:

I declare that:

(a) The subsistence and other allowances that I claim are correct according to the relevant regulations.

(b) The expenses were necessarily incurred in public services only. (c) The vouchers attached are correct

(d) I have not claimed, nor will I claim from any Government Department, nor from any other source, the expenses incurred above during this period

(e) The car (details above) is owned and maintained by me and is, and will continue to be, insured by me for the purposes of the Road Traffic Acts and I will advise the Department of any change to the insurance cover.

SIGNATURE (of Claimant) _____ GRADE _____ DATE _____ EXTN.: _____

SECTION AND LOCATION: MINISTERS OFFICE

(5) APPROVAL OF CLAIM

I certify that:

(a) The particulars furnished are correct and in accordance with relevant regulations.

(b) The journeys were in accordance with a programme of work designed to reduce travelling to a minimum consistent with efficiency.

(c) This claim is to be charged to COST CENTRE [ ]

SIGNATURE (of certifying officer) _____ GRADE _____ DATE _____ EXTN.: _____

For use in Home Travel: Examined _____ Cld. For payment _____ AMOUNT € _____

SUBHEAD CODE _____

Date _____ Date _____ COST CENTRE _____

6

ENTERTAINMENT

Date	Supplier Name	Description	Payment Method	Amount
23.06.2011	Houses of the Oireachtas	Hosted lunch for Chinese Ambassador and delegation	Laser	149
Total				**149**

7

BUSINESS BREAKFASTS/LUNCH MEETINGS				
Date	**Supplier Name**	**Description**	**Payment Method**	**Amount**
20.04.2011		Business breakfast meeting with Sean Flynn	Cash	13.7
21.04.2011		Business breakfast meeting with Catherine Donnelly	Cash	11.55
24.05.2011		Business breakfast meeting with Daithi O'Ceallaigh	Cash	10.5
09.06.2011		Business lunch meeting with Lord Putnam	Cash	47.35
14.06.2011		Business lunch meeting with Minister for Higher Ed Saudi Arabia	Cash	23.6
15.06.2011	Meet Meat, Rue Stevin straat, Brussels	Business dinner with John Bell, Chef de Cabinet	Laser	129.8
20.06.2011	Houses of the Oireachtas	Business lunch with Professor Brian McCraith, DCU	Laser	39.1
23.06.2011	Buswells Hotel, 25 Molesworth Street	Business breakfast with Paul Kehoe, RIAI	Laser	20
08.07.2011	Gresham Hotel, 23 O'Connell Street	Business breakfast with Professor Ellen Hazelkorn	Laser	7.9
08.07.2011	Houses of the Oireachtas	Business lunch with Ciaran O'Mara	Cash	37.9
15.07.2011	Mid America Club, Chicago	Business dinner with Tom Meagher	Laser	25
18.07.2011	Gresham Hotel, 23 O'Connell Street	Business breakfast with Catherine Byrne and John Walshe	Laser	35.9
26.07.2011	Spar	Business breakfast meeting with officials	Cash	5.89
20.08.2011	Dail Restaurant, Leinster House	Business lunch with Professor J. Browne, NUIG	Cash	34.95
29.08.2011	Chez Max, 133 Lower Baggott Street	Business lunch with Sean O'Laoire re schools inventory project	Laser	17.8
13.09.2011	Gresham Hotel, 23 O'Connell Street	Business breakfast with Prof. Desmond Fitzgerald, UCD	Visa	23.9
23.09.2011	Dail Restaurant, Leinster House	Business lunch with Martin Heffernan & Michael Sammon	Cash	66.25
04.10.2011	Buswells Hotel, 25 Molesworth Street	Business breakfast with Kieran Flynn, ACCS	Visa	20
06.10.2011	Brussels	Business dinner with Jim Murray ex CEO BEUC	Cash	49.5
18.10.2011	Buswells Hotel, 25 Molesworth Street	Business breakfast with Nora Gibbons and Fergus Finlay, Barnardos	Cash	11.55
21.10.2011	Gresham Hotel, 23 O'Connell Street	Business breakfast with Shiela Nunan	Cash	7.9
Total				**640.04**